

LOCAL INITIATIVE PROGRAM APPLICATION FOR LOCAL ACTION UNITS

Introduction

The Local Initiative Program (LIP) is a state housing initiative administered by the Department of Housing and Community Development (DHCD) to encourage communities to produce low- and moderate-income housing. The program provides technical and other non-financial assistance to cities or towns seeking to increase the supply of housing for households at or below 80% of the area median income. LIP-approved units are entered into the subsidized housing inventory pursuant to Chapter 40B.

In accordance with 760 CMR 45.03, the Department shall certify units submitted as Local Action Units if they meet the following requirements:

- (1) the units serve Low- and Moderate-Income households;
- (2) the units are not developed with a comprehensive permit;
- (3) the units are subject to use restrictions which result from city or town action or approval, as a condition of new construction, building conversion, adaptive re-use, or substantial rehabilitation, or as a result of other local regulatory or inclusionary zoning provision;
- (4) the initial period of such use restrictions should be the longest period permitted by law. In all cases, the term shall be no less than the term specified in the special permit issued for the project.
- (5) the owner(s) of the units will sell/lease the units in accordance with an affirmative fair marketing plan approved by the Department.

To apply, a community must submit a complete copy of this application to:

**Department of Housing and Community Development
100 Cambridge Street, Suite 300
Boston, MA 02114**

**Attention: Erin O'Brien Bettez, LIP Program
(617) 573-1309
(Erin.Bettez@state.ma.us)**

Community Support Narrative, Project Description, and Documentation

Please provide a description of the project, including a summary of the project's history and the ways in which the community fulfilled the Local Action requirement.

Signatures of Support for the Local Initiative Units-Only Application

Chief Elected Official:

Signature: _____

Print Name: _____

Date: _____

Chair, Local Housing Partnership:
(as applicable)

Signature _____

Print Name: _____

Date: _____

Municipal Contact Information

Chief Elected Official:

Name _____

Address _____

Phone _____

Email _____

Town Administrator/Manager:

Name _____

Address _____

Phone _____

Email _____

City/Town Planner (if any):

Name _____

Address _____

Phone _____

Email _____

Town Counsel:

Name _____

Address _____

Phone _____

Email _____

Chairman, Local Housing
Partnership (if any):

Name _____

Address _____

Phone _____

Email _____

Community Contact Person
for this project:

Name _____

Address _____

Phone _____

Email _____

The Project

Project Site: _____

Address: _____

Site Characteristics: proposed or existing buildings by design, ownership type, and size.

<u>Project Style</u>	<u>Total Number of Units</u>	<u>Number of Units Proposed for LIP Units- Only Certification</u>
Single-family detached	_____	_____
Attached	_____	_____
Low-rise (less than 35 feet)	_____	_____
Mid-Rise (35-70 feet)	_____	_____
Other _____	_____	_____

Unit Composition

Type of Unit: Condo Ownership Fee Simple Ownership Rental	# of Units	# of BRs	# of Baths	Gross Square Feet	Livable Square Feet	Sale Prices/ Rent	Condo Fee
Affordable:							
Market:							

Local tax rate per thousand \$ _____ For Fiscal Year _____

Attachments:

1. Long-Term Use Restriction
For ownership projects, please attach the LIP model deed rider
For rental projects, please attach the LIP model Regulatory Agreement for Rental Developments, redlined to reflect any proposed changes.
2. Affirmative Fair Marketing Plan. See LIP Guidelines for more information.
3. Documentation of Town Action. (e.g. copy of special permit)
4. For Ownership Projects Only: The Schedule of Beneficial Interest from the condominium master deed.